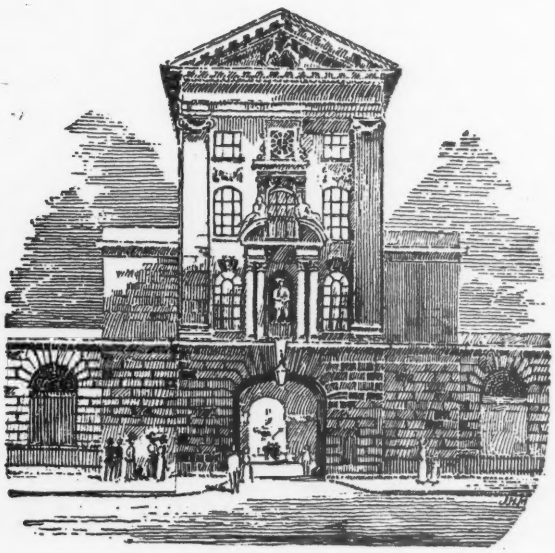
ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXI.—No. I. OCTOBER, 1923. [PRICE NINEPENCE.

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St. Bartholomew's Hospital

"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

Journal.

Vol. XXXI.—No. 1.] October 1st, 1923. Price Ninepence.

CALENDAR.

Tues., Oct. 2.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., „ 5.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Mon., „ 8.—Special Subjects Lecture, Mr. Elmslie.
Tues., „ 9.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Wed., „ 10.—Clinical Lecture, Sir C. Gordon-Watson.
Fri., „ 12.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Clinical Lecture, Sir Thomas Horder.
Mon., „ 15.—Special Subjects Lecture, Mr. Harmer.
Tues., „ 16.—Prof. Fraser and Prof. Gask on duty.
Wed., „ 17.—Clinical Lecture, Sir C. Gordon-Watson.
Fri., „ 19.—Dr. Morley Fletcher and Mr. Waring on duty.
Clinical Lecture, Dr. Morley Fletcher.
Mon., „ 22.—Special Subjects Lecture, Mr. Just.
First Day of "Fleet Street Week for Bart.'s."
Last date for receiving matter for next issue of Journal.
Tues., „ 23.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Wed., „ 24.—Clinical Lecture, Mr. McAdam Eccles.
Fri., „ 26.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Clinical Lecture, Sir Thomas Horder.
Flag Day.
Mon., „ 29.—Special Subjects Lecture, Dr. Cumberbatch.
Tues., „ 30.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Wed., „ 31.—Clinical Lecture, Mr. McAdam Eccles.

EDITORIAL.

ONCE again in this first number of the academic year we are glad to welcome many new students. We believe that they have done well in making St. Bartholomew's the hospital of their choice, for by so doing they have made themselves heirs of a great and ancient tradition. Of these traditions and of their practical application in the rough-and-tumble of student life we do not speak, for Sir D'Arcy Power and Mr. Reginald M. Vick have chosen the subject for an address at an early meeting of the Abernethian Society.

New men will soon find that they have entered into a brotherhood none the less real because limited by few rules nor defined by the written word. If we dare speak to those beginning medicine we would say: Whatever you do let it be of your best. What you shall be depends upon what you are. Work hard and play hard. Help the Hospital in every way your gifts and inclinations make possible. Meet the rebuffs you will encounter with a smile; and, if you do these things, you will find yourself, when your five years have all too quickly gone, so rich in friendship and in knowledge of your art, that it is with difficulty that you will leave this ancient place, into which now, as a newcomer, you are entering.

* * *

For many years the Wardens of the College, a long and distinguished line beginning with Sir James Paget, have lived with their families in the old, and, we imagine, exceedingly inconvenient house known to us all. During the temporary suspension of the College it has not been thought necessary for the Warden to live in the Hospital at night. Mr. and Mrs. Reginald M. Vick have moved therefore to a new address.

We greatly hope that at some future time the College will be re-established in new buildings, for such an institution is an incalculable help in the maintenance of student *moral*. When this occurs the Warden's office will doubtless again become a residential one. In the meantime the old house, which must have been a source of domestic worry to a long succession of Wardens' wives, has been put to other uses.

* * *

We are sorry to hear that Dr. Alex. Macphail has been

seriously ill. Very many friends at the Hospital will wish him a complete recovery.

* * *

We heartily congratulate Sir Robert Armstrong-Jones upon his appointment as Consulting Physician to the Department of Psychological Medicine at St. Bartholomew's. We understand that this appointment was made in view of Sir Robert's distinguished services to the Hospital.

* * *

We have before us a little handbook which we should like especially to recommend to recently qualified men. It is *A Handbook for Recently Qualified Medical Practitioners* (British Medical Association, 2*s.* 6*d.* net). It contains a wealth of most valuable information, including many pages dealing with possible careers in the profession. The Association is to be congratulated on its enterprise.

* * *

Our hearty good wishes go with our late Assistant-Editor, Dr. C. H. Andrewes, on his departure to do post-graduate work in America. We hope to publish soon "Impressions" from his pen.

* * *

We call attention to a letter in our correspondence columns dealing with the binding of the Bart.'s *Surgery*. Like our correspondent we have never used the book as a missile; like his copy, ours is in pieces. In a word, the binding is at present totally inadequate to withstand hard wear.

"FLEET STREET WEEK FOR BART.'S."

MR. MATTHEW BLYTHE, Chairman of the Organising Committee of the Fleet Street Week for Bart.'s, sends us the following notes:

We are glad that our funds have already been considerably strengthened by a generous gift of one thousand guineas from Lord Rothermere. This is an excellent and most promising start, and I am more than pleased.

This fine example, set by one of the most prominent public men in Fleet Street, will be a powerful incentive to all.

The Week will take place from October 22nd to the 27th. The following are detailed particulars of the arrangements:

We are out to break records, and our hopes in this direction are centred on the enthusaism and energy put into the work by all concerned.

The part to be taken by the members of the Students' Union has already been announced, and the organising of that section is in the hands of a committee appointed by the Council, comprising the following gentlemen: F. G. Greenwood, J. H. Attwood, B. A. J. Mayo, H. Royle, E. U. H. Pentreath, J. A. Robson, G. E. Burgess, E. S. Vergette, and W. Holdsworth.

We have the support of nearly all the representative organisations of Fleet Street.

Our programme, which is an excellent one, is practically completed in all details. On Monday, October 22nd, there will be an 'All for Bart.'s' Bazaar at the Mansion House, which is being arranged by the Lady Mayoress. Her Majesty the Queen has graciously consented to become a patron, and has sent a rare china bowl to be sold in aid of the funds.

The Co-Optimists have again very kindly consented to help us. They will give a special matinee on Tuesday afternoon.

On Wednesday there will be a Whist Drive at the Cricklewood Rink, organised by Mr. W. M. Wilson.

Members of the Hospital Boxing Club, the Stock Exchange, the Belsize Club, etc., will take part in a boxing display under the auspices of Lord Desborough the following evening at the Holborn Stadium Club.

Friday is a great Flag Day organised by the students of Bart.'s. There will be house-to-house collections in the City. This day is expected to be one of the most successful of the Week, and I anticipate that more will be collected on that day than on any other. In the evening there is to be a dance at the Cricklewood Dance Hall, which has again been generously lent by the proprietor for the benefit of Bart.'s.

On Saturday collections will be made at the various football matches throughout London.

In addition to the above items, there will be two special prize draws. In one, a great National Draw, there will be many valuable prizes. The other draw will be personally supervised by Mr. Jack Hobbs, who, with his usual kindness, has arranged to present one of his 'Century' bats in addition to many other prizes. Mr. Flood, the winner of the bat autographed by the 1921 Australia and England teams, has generously given this valuable souvenir to be drawn for again.

With typical generosity Lord Rothermere has shown how the cause of Bart.'s should be supported, and with such a splendid array of good things to come, I am more than ever hopeful of achieving really wonderful results.

ON ENTERING THE PROFESSION.

By Dr. LOVATT EVANS, Dr. MACPHAIL, Dr. GEOFFREY BOURNE and Mr. J. B. HUME.

TO THOSE COMMENCING THE STUDY OF PHYSIOLOGY.

By C. Lovatt Evans, D.Sc., M.R.C.S.

SUBJECTS required for the medical curriculum are of permanent value to the student only in so far as they bear, immediately or remotely, on the problems of medical practice. The student about to commence the study of the intermediate medical subjects is entitled to inquire what is the importance of physiology to him. The answer is that physiology is of some importance because it happens to be the foundation on which medical science is built.

That is all!

It is true that anatomy is equally essential, but without physiology it would be a rattling of dead bones. Pathology has certainly more intimate connection with the phenomena of disease, but pathology can only exist as a science in proportion to the development of physiology. Surgery depends for its success on exact physiological as well as anatomical knowledge. Therapy which ignores physiological principles is empiricism, and signifies nothing. In 1875 Claude Bernard said, "La physiologie est la partie fondamentale de la médicine scientifique," and the intervening years have not failed to bring this truth home to us.

Physiology, like chemistry and biology, and other sciences now more or less removed from the actual practice of medicine, took its origin in the needs of medicine for more light. It has now for some time attained the dignity of a science, to be pursued for its own ends, to which a lifetime may be devoted, within whose borders specialist branches have sprung up, endlessly growing. Yet, though it is an independent science, physiology is highly dependent on such other sciences as physics, chemistry, physical chemistry, biology, anatomy, and pharmacology. From the remotest antiquity physiology has nearly always walked hand-in-hand with medical knowledge—nor can these two exist for long apart without loss to both. The service which physiology renders to medicine is to present it with knowledge concerning the normal working of the body—its reward takes the form of new light shed by medicine on the consequences of derangement of the normal functions of the body.

Physiological knowledge is derived from observations of three different kinds: anatomical and microscopical observations of normal structure; chemical investigations concerning the chemical changes which happen in the vital laboratories; experimental observations, in which direct experiment is carried out, by chemical or physical methods, on the living animal or on man. As physiology is important as the immediate basis of medical science, so physics and chemistry are vital for physiology; physiological phenomena are interpreted in terms of physics and chemistry, pathological phenomena in terms of physiological knowledge.

This, in my opinion, represents the importance of physiology to the medical student. For the immediate present it is a key which will admit you to the wards; when you have got there do not let it rust, and you will find that it will also help you to understand what you see and hear there.

TO THOSE COMMENCING ANATOMY.

By Alex. Macphail, M.D., C.M., F.R.F.P.&S.G.,

Emeritus Professor of Anatomy to St. Mungo's College, Glasgow, formerly Lecturer on Anatomy, St. Bartholomew's Hospital.

THAT an accurate working knowledge of Anatomy is the salvation of the medical student, throughout both his student course and his subsequent career in practice, is the gospel I have been privileged to preach for many years; and now, though no longer enjoying a pulpit of my own, I gladly accept the invitation of the Journal to offer a few words of advice to the student about to enter the Rooms.

Youth, on the alluring threshold of fresh experience, is wont to be somewhat restive if plied too vigorously with history and tradition; yet I venture to suggest that you will enjoy your anatomical studies all the more if you know something of the struggles and sacrifices through which the facilities, now offered you in these, have been won. Both life and treasure have been sacrificed in the course of centuries to advance the study of anatomy. In the days of the Renaissance, Vesalius sacrificed his life to gain a mere moiety of the opportunities *you* can now enjoy of studying this subject; yet

from this moiety he contrived to produce what still remains the supreme anatomical work. Not so long ago, John Hunter, out of his inconsiderable means, had to expend five hundred pounds to secure a particular anatomical specimen which was to prove the foundation of all modern studies of giantism and its antithesis. These two instances alone should prove sufficient to prevent the danger, when you enter the Rooms, of your having to be redeemed from the shame of neglecting opportunities which now seem so easy and so cheap, though so dearly bought by your predecessors in bygone times.

Learn the bones thoroughly; read, finger and place them; you will need to know them as intimately as the shepherd knows the crags of his native hills. Remember always, as you handle the dry specimens, that in living man bones are *living* things, that, as in Ezekiel's vision (Cap. xxxvii), "sinews and flesh will be laid on them and they will be covered with skin." Though osteology sets are not always easily come by, you can always learn a deal by fingering the out-cropping of your own skeleton; and the same applies to the knowledge of the sinews and muscles in action.

Lectures on anatomy are said by some to be out-of-date since the advent of text-books, with their mass of detail and copious illustrations; but, in my opinion, there is no subject wherein lectures can be more helpful; they will save you from despair in facing what seems, at first sight, the hopeless array of minutiæ in the thousand and one pages of your text-book, they will save you from failing to "see the wood" on account of the many trees. The surest way to profit from lectures is to make a practice of reading-up the subject in advance, so that you may appreciate fully the personal presentation of the subject by the lecturer.

You should diligently practise copying and making simple diagrams, which will be of more use to you than the often too complicated ones in your text-books. Simple modelling in plasticene or wax or clay is better still, as it compels accuracy in all three dimensions.

The dissecting room, however, is where your career in anatomy will be made or marred. Nemesis, both soon and late, overtakes the man who does not, from the beginning, realise that in the Rooms he is given probably his one chance of testing and proving for himself the gross facts, at least, of human anatomy; he may be excused for missing out the small type but not the large. Reading and discussion must go hand in hand with dissection. If structures are to be clearly remembered they must be clean-cut and carefully preserved for re-examination; this means a skilful hand and a sharp scalpel, and, as neither of these can be acquired in a day, you must persevere in attaining them. It is perhaps due to the increasing time required for collateral studies that the standard of dissecting is not what it used to be; that "pride in a part," of other days, is not so frequently met with now. There are always, in each new generation of students, *born* dissectors who cannot help producing work which is a joy to behold; but the crowding of the curriculum seems to have left the others less chance of emulating them. Thus a large part of the advantage of practical anatomy—to wit, training and practice in the care and use of the scalpel—is in danger of being lost unless you daily remember to do with all thy might whatever thy hand findest to do. There is no royal road to useful anatomical knowledge—whether for examination, clinical or any other purposes—save through conscientious work in the dissecting-room. There the steady spade-work must be done by yourself, leaving it to your teachers to complete the top-dressing; there is no need to despair should the latter process sometimes take the form of a *down*-dressing—it will be kindly meant and ultimately for your good. The spirit of true reverence, it need hardly be said, must pervade all work and behaviour in the Rooms; anything other would imply the hooligan spirit which it would be to the lasting shame of any member of a medical school to confess to.

Lastly, I congratulate you on the skill and efficiency of your present Teachers in the Rooms; if you fail to be infected by their energy and enthusiasm, if, under their guidance, you fail both to *know* and to *love* your Anatomy, you will prove to be somebody not worthy of the traditions of your School.

ON STARTING MEDICINE.

By GEOFFREY BOURNE, M.D., M.R.C.P.

THE science of medicine is so illimitable that no sort of knowledge of it can be gained in the short space of three months. But though its uncharted seas remain for years beyond the explorer's ken, yet even in the space of three months he may learn, so to speak, the use of the compass and the rule of the sea.

Before beginning work in a medical ward many strange ideas are held by students; nearly as strange are they as some of the notions formed by some when that work is ended.

The physician, by the uninitiated, is regarded as a sort of magician. His arts, for whose exercise no obvious instruments such as probes, splints, scalpels and dressings are necessary, seem far more subtle than those of the surgeon, but also more effective. He goes from case to case around the ward, criticising what seem to be un-

important minutiæ in the notes and apparently doing little on behalf of the patients.

At the end of three months the clerk is apt to think "medicine is all very well in its way, but anyhow in surgery you do seem to do something for the patients."

Such an attitude is superficially justified, for the percentage of direct and obvious successes in surgery is much higher.

If one analyses this position one sees that there are two groups of patients—those who are suffering from some definite localised mechanical defect, such as a broken bone, a ruptured intestine, or the presence of a tumour, and those who are suffering from some generalised, or from some inaccessible pathological condition. A certain proportion of the former class can be cured by surgery; all the others must be treated by someone, so fall into the hands of the physician.

It is thus seen that in surgery a succession of definite mechanical problems is presented, many of which are capable of immediate solution; in medicine the problems are often cryptic and the solution elusive.

Two tasks are always before the practitioner of medicine, whether he be a third year student or the highest in the land:

(1) To learn to observe.

(2) To learn to interpret observations correctly.

The art of observation will come only by actual conscientious practice. There is no congenitally inherent capacity which makes one man an observer and his neighbour blind as a bat; observation is one of the consciously or unconsciously acquired arts. An abnormality which has first been seen in a patient as a result of hard search will be seen in the second and third cases with a speed almost proportional to the length of the first effort. A reflex is thus established. It is for this reason that physical examination of a patient always follows a definite routine, for in that way all the ground is covered, and an opportunity is given for the abnormality to start its particular reflex in the observer.

To descend from generalities, the first essentials to be acquired are the powers of recognising pallor, cyanosis, jaundice, the powers of localising the apex beat, of describing accurately the character of the pulse, of feeling an enlarged spleen or liver, of percussing the area of cardiac dulness, or recognising *râles* and bronchial breathing.

In dealing with any particular case the wrong method is to find out, from whatever source, what the disease is, to read up the symptoms and then to return and make the patient fit the picture. The right way is to sit by the bedside, obtain as full a history as is possible, examine the patient as well as can be done, and to form an opinion from the principles of physiology and from a knowledge of the processes of inflammation as to what is wrong. Having thus made a full search, the disease can then be read up and a second search made to see whether anything had been previously left undiscovered. In this way an impression will be formed of the patient and his disease that will remain.

A correct history is the most valuable clue to diagnosis, but it is also the hardest part of the task. A full and perfect history cannot be taken without a complete knowledge of medicine—in other words it is impossible of attainment. The essentials in taking a history are the answers to:

(1) What does the patient now complain of?

(2) When was he last in perfect health or in his usual health?

The history of each symptom is then investigated fully and separately.

Ward-clerking offers an opportunity for clinical examination of patients never afterwards obtainable. Sitting at ease in the out-patient room listening tolerantly to the remarks of the teacher and seeing a rather rapid succession of interesting cases titillates the mental palate, but does not provide the solid mental meals that are necessary—even at the expense of some slight indigestion—to proper clinical growth.

Thus examination of one's in-patients should be as thorough and as complete as is possible, for it provides a foundation for all that comes after.

One warning is necessary. Treat the pathologist and his reports kindly, even credulously, but do not regard him as the definite and final arbiter of fate. He, too, can make mistakes. Do not let pathological evidence necessarily out-balance proved clinical facts. The function of a clinical clerk is clinical medicine, the use of eyes, nose, ears and hands.

It must never be forgotten that the whole aim and object, even the *raison d'etre*, of medicine is the successful treatment of disease.

Treatment should always come first in one's thoughts. Diagnosis in so far as it is necessary to successful treatment takes priority in position, but not in importance.

One part of treatment is not often talked about, but it is none the less essential, and that is the treatment of the patient's feelings. Discussion about a hopeless prognosis or remarks likely in any way to cause terror or apprehension must never be made in the patient's hearing.

Finally it must be born in mind that by his position the physician shoulders the weight of responsibility that illness brings. The patient before he sees the doctor is burdened with fears about his future health; afterwards he feels that the outcome is in safe hands, and knowledge about the future is definite and fixed. The full burden of this weight is only completely realised when, having been completely baffled by a case, one is told by the

patient, " I have such complete confidence in you." The real meaning is, " I know that you know what is best to be done with me, and am content to leave it in your hands." Responsibility is shifted, and the patient can concentrate upon trying to get well.

To conclude, in the words of a great man, " If you have at the end of three months learnt definitely to recognise bronchial breathing, you will have done very well."

ON STARTING SURGERY.

By J. B. HUME, M.B., B.S., F.R.C.S.

CAN one depict for the guidance of the tyro those first few days in the Surgery? The feeling of being utterly lost is the predominating one, as he will have already realised. He must first of all learn the mysteries of the coloured papers. As he will have read *Round the Fountain* he will know that peculiar punishments await the dresser who deals out the papers of another firm when he is on duty.

Having got his cases he will find that every one presents some new problem for which he will certainly seek the aid of the Junior H.S. Perhaps he should remember that that unfortunate individual is being harassed as he moves about the Surgery by eight or ten other dressers in similar plight.

He must learn at once to study his cases, and to make detailed observations of their local condition and the results of his treatment. In this he will be helped by reading-up in some standard text-book the " processes of inflammation." All this he was taught in his physiological studies while examining the web of the frog, but in 99 per cent. of cases he will have forgotten all about it, together with other highly important physiological facts, which he has dismissed as " frog jumping " or " stinks." His knowledge of anatomy will be equally deficient, but his thoughtless chiefs will attempt to make him apply this forgotten information, and even ask him absurd questions about the physical laws of wedges and pullies. At the end of a fortnight he will have realised the depth of his ignorance, together with the importance of many of the facts he has dismissed as trivial.

The dreary round of " fots," plasters and eusol packs will be enlivened by visits to the wards. Here more pitfalls await him. Sister will be charming and altogether helpful, provided he does not come in to do dressings at 12 o'clock, or sit on the beds, or put his feet on the lockers. Both of these have to be kept clean, and the dresser who leaves a trail of water from the " slab," *i. e.* the basin, to the bed, will be very unpopular with the probationers however charming a personality he may possess.

Another study, secondary in importance only to the acquisition of surgical knowledge, is the understanding of the personality and idiosyncrasies of his chief. Each firm has its own peculiarities, ranging from the meticulous accuracy with which its notes are kept, to minor details of terminology. Woe betide the dresser with a " digital adornment," a grubby white coat, or a tendency to unpunctuality. All these minutiæ should be carefully noted and stored up for future reference in his later period of " in-patient " dressing.

Finally let him remember that the patients themselves are his principal mentors. Who has not heard the well-known aphorism : " You learn surgery from the patient and not from me "? The knowledge acquired by personal observation is of infinitely greater value than that obtained either in the lecture theatre or from text-books. Thus and thus only is laid a sound foundation for a surgical career.

BAD DEBTS:

OR THE COLLECTION OF OVERDUE FEES AND ACCOUNTS OF THE MEDICAL PROFESSION.

IT is said that " medicine is a good profession but a bad trade."

There is no profession, except it be the Church, in which so much is done for so little, or for nothing at all. And yet a doctor as well as any other member of the community must live. Most marry, and they have to feed, clothe and educate their families like other people, and it cannot be done on thin air, and certainly not on gratuitous night visits.

There are the two extremes in regard to fees; one the medical man who demands and sees his fee before he attends a patient—possibly one *in extremis* from an accident. He is wrong, grossly wrong, and his professional brethren should let him know in no measured terms that he is wrong. The other is often a careless man, who does not book his visits systematically, who lets his patients, particularly his poor ones, off any payments at all. He often has private means, and this allows him to be independent. But he is wrong, wrong to his patients, for

it causes them often to be under a sense of obligation which may be humiliating, and wrong to many of his professional brethren, and now sisters, who literally cannot afford to let fees slip. The first is a tradesman pure and simple, the second is a slip-shod professional man, and both should mend their ways.

The happy mean is the medical practitioner who is always ready to help where aid is needed, who looks after the payment for his services, in a sense as a secondary matter, but at the same time as a business man, and collects his fees systematically, either directly or indirectly.

There are, however, such things as "bad debts"—bad for the time being or permanently. They are due to the fact that there are persons who cannot, or who will not, pay.

The collection of debts, bad or indifferent, due to members of the medical *profession* is entirely another matter to that of collection of *trade* debts, and for the following reasons:

(1) The unsatisfactory manner in many cases of the rendering of medical accounts.

(2) The general impression amongst the public that doctors do *not* sue for their fees.

(3) The fact that a doctor who apparently presses for the payment of fees may become an object of dislike in his locality, and thereby lose recommendation from patient to patient.

All medical practitioners ought to have some instruction before they embark on practice in medical book-keeping and accountancy. This would save a considerable amount of trouble and annoyance in the future of their career.

Suing for the payment of just fees must always be a somewhat disagreeable business, but it is quite legitimate. Preferably it is best carried out impersonally, and through a well-established medical protection society.

If, before having recurrence to such a stringent measure as the law, pressure can be brought to bear tactfully upon the debtor by similar means, the result is in the majority of cases satisfactory. There are existing persons who will never pay their debts except at the last minute, and then only under some real pressure. To such, a letter addressed from the London office of a recognised medical protection society will have a far greater moral effect than the personal application of the medical practitioner, or even of a solicitor.

There are certainly persons existing who "change their doctors" merely to avoid payment of money owing to the one they leave. These creatures should be known, and possibly a "black list" of the more notorious might be compiled by a respectable medical protection society, in the same manner as is done by the larger insurance societies.

Whilst not desirous of becoming a trade, still less a trade union, it is a fact that the medical profession is not infrequently exploited by the public in a manner which is hardly creditable to either party.

For this and other reasons it is suitable that there should be in existence such a body as "The British Medical Protection Society," partly governed and controlled by members of both the medical and the dental professions, to whom practitioners in difficulties concerning overdue accounts can turn for help.

A VISIT TO SWANLEY.

"ATMOSPHERE! you must have the right amosphere," as old Peter used to say.

Followers of John Buchan need not be reminded of how successful was old Peter in producing the right atmosphere and using it to good purpose.

Can you imagine a worse "amosphere" in which to discuss the treatment of a tuberculous hip than that which surrounds the corner bed in the back ward of Coborne?

It may seem a long cry from a magic carpet to a Tilling-Stevens petrol-electric char-à-banc, but on Wednesday last we managed to transport ourselves to Swanley, and there we discussed the tuberculous hip under really suitable surroundings.

Sixty of us formed into a semi-circle in front of the entrance hall at Swanley while Mr. Girling Ball told us briefly the history of the Swanley Home.

Then we gathered indoors in a room large enough to accommodate the whole crowd of us in comfort and give us all a good view of the proceedings. First we saw an abscess aspirated in a boy of 14; then a similar aspiration in a little Russian fellow who was not to be petted into silence even by Mr. Ball's small change.

Then case followed case for a good hour, each demonstrating some stage in the progress of the disease or some detail in the method of treatment.

We saw several early acute cases which afforded material for discussion on early diagnosis and the first stages of treatment. These were all accompanied with skiagrams which greatly assisted in clarifying our conception of the disease.

Then we saw cases who had been for some time under treatment—some in plaster jackets extending from the axillæ to beyond the ankle-joint, others in long Liston splints, and finally cases in which the disease appeared to be arrested. We were also shown some cases in whom deformity had returned after their discharge from hospital and the appropriate warnings were brought home to us.

The other side of the picture was not kept from us, for

we saw little Willie Jenkins, an almost "peach bloom" case of amyloid disease, with sears of sinuses in almost every conceivable position round his left hip.

Not the least appreciated item in the proceedings was the tea, which arrived as soon as the demonstration was over. It was dispensed to us by a blue-uniformed lady, who many of us remember when only her belt was blue.

There was then opportunity to wander round the wards and shelters and examine more intimate nursing details.

As our chars-à-bancs moved off we were loudly cheered by the united lungs of the out-door patients. Heaven knows what *we* had done to merit cheering, but, feeling cheerful, we cheered back.

So ended a most enjoyable and most instructive afternoon.

It is hoped that this will not be an isolated visit. Those of us who have been will want to go again, and if we have a shred of public-spiritedness we shall want other people to go too.

The suggestion of a short series of demonstrations at Swanley, recurring periodically, obviously appealed to Mr. Ball's audience last Wednesday. We sincerely hope that the suggestion will soon become an established fact.

NOTES ON THE NURSING OF THROAT, NOSE AND EAR CASES.

Kinds of tubes. Various forms of tracheotomy tubes are used: (1) Parker's tracheotomy tube; (2) Durham's lobster-tailed; (3) Morrant Baker's flexible rubber tube.

The most satisfactory one is the Durham's lobster-tailed, which has a lobster-tailed introducer (the pilot). This can easily be introduced into the opening of trachea, for it has an oval-shaped end which the outer tube of tracheotomy has not got. The important point about this tube is that its length may be altered to suit the condition of the patient and the shield can be moved to fit depth of the neck. In Parker's tube no alteration can be made, and the introduction is difficult unless a pilot is at hand; moreover the tube may not quite fit, and may cause ulceration by pressing with the lower end into anterior wall of trachea.

Rubber tubes are unsatisfactory, especially at the time of operation, for they contain no outer tube; consequently the end of the tube gets blocked with frequent coughing up of mucus and patient becomes restless and distressed, and the tube has hurriedly to be removed for cleaning purposes. Dilators are placed in opening to prevent the patient from choking. After this has been performed many times in the twenty-four hours your patient becomes exhausted and realises the tube is not helping his health in any way. Rubber tubes are only satisfactory when secretions have ceased, and the tube has to be worn indefinitely, as in some cases of cancer, syphilis, tubercle or stenosis.

Parker's tubes are used mostly in an emergency and also when the lobster-tailed tube is not satisfactory. They are also very useful for children.

Treatment after tracheotomy. Patient should be brought back from theatre in an upright position and placed in bed well propped up, head not distended. A knee pillow and air ring for these people should be used. A blanket next the patient is well drawn up to cover shoulders. Socks or a hot-water bottle must be remembered.

Form of dressing. This consists of key-hole dressing of gauze and jaconet, cut U-shaped. The first piece of gauze is soaked in lotio calaminæ composita, then placed well under shield of tube and the two sides of gauze drawn well under tapes, which are fastened through sides of tracheotomy tube so as to meet in the centre of the line of neck and also well under top part of shield. The jaconet is then put on exactly in the same way and is well drawn round and under shield; this prevents any secretions infecting the wound and skin round the tube. Over all this is placed a folded piece of gauze, fastened round the neck with tape. This prevents any foreign body being inhaled into tube, and does not allow secretions to be coughed on to bed or round ward.

Position of tube held in neck. Cut two pieces of narrow tape a little longer than size of neck, double one piece, slip uncut end through slot of shield, divide it, and pull through the cut ends, forming a firm knot on shield. Do the same the other side, and then round patient's neck, with a double knot. If only one knot is used the constant friction and movement oftens loosens the tape—a good cough from the patient and the tube is found at the end of the bed. This causes great distress to the patient.

After-care. The patient must at first be fed carefully with sips of sterilised water, for frequently tracheotomy causes anæsthesia of the larynx, coughing follows, and the patient gets anxious and worried. Reassure patient, stop drinks for a few hours, and then within twenty-four hours the patient settles down, gets used to tube, and will be anxious to take feeds. The diet chiefly depends upon the reason for which tracheotomy has been performed. Some cases can swallow semi-solids better than fluids, such as thick Benger's food, custards

etc. By the end of the first week ordinary diet may be taken if the condition of the patient permits. For the first week or so a nurse should be on duty constantly to wipe away any material coughed up, so that it may not get sucked back into trachea, to see tube does not get displaced, and also to change inner tube when it becomes clogged. The outer tube may be left in position for about a week before changing for the first time, and afterwards just when necessary. By this time patient has become used to tube and is not afraid when tube is being changed. One nurse should have charge of patient, not a different nurse every day. The main point is to get the *confidence* of your patient and all will be well: never show fear that things are not quite satisfactory. Tracheotomy patients are most sensitive and apprehensive. If condition allows get patient out of bed on the third or fourth day.

Necessary requirements for use after tracheotomy.

Let us use a glass waggon with two shelves.

Top shelf.—Bowl with extra tracheotomy tube—same size as used for operation. Dilators. Forceps for placing gauze under tape round neck and removal of soiled dressing. Gallipot with parolein to grease tube before insertion. Second bowl containing gallipot with lotio calaminæ composita for gauze. Dirty dressing bowl. This all covered with clean towel.

Lower shelf.—Packet of sterile gauze for collecting material coughed through tube: packet of sterile jaconet for dressing: packet of sterile gauze for placing over tube. Brown wool pad to cover patient's chest—as shirt is open all way down front, and chest needs protection. Sterile towel for first few days tucked round shirt when changing and cleaning tube. Bowl with bicarbonate of soda, teaspoonful to pint, and small bottle-brush to cleanse tube.

Wool on no account to be used—small particles get sucked into tube and patient coughs.

Feathers not necessary if tube is constantly changed—they get broken at ends and lodged in trachea.

Treatment for submucous resection of septum.

The position in bed after operation is with the patient well on side with pillow tucked into back. Stone cloth and mackintosh for head. Tin bowl under chin for vomiting. Two finger-stall plugs filled lightly with wool having been placed up each side of the nose after operation with strapping across to keep them in place; these remain in for twenty-four hours, then are carefully removed with forceps, the patient being warned not to sneeze or blow the nose for at least twenty-four hours afterwards in case of hæmorrhage or re-opening of wound, which has been lightly drawn together with horsehair suture. This is removed about the third or fourth day. A nasal douche of coll. alkalinum is given on the third day, and this is used three or four times a day. If the nose becomes dry and crusting an oily spray may be used. A slight amount of blood-stained discharge is continually trickling down the sides of the plugs; this is just swabbed up, and after plugs have been removed ceases within next twenty-four hours. Patient has very little ill-effects—slight headache only—and is able to be up within twenty-four hours of operation. Diet is light for first day and then ordinary food. Frequent mouth-washes and gargles are used, due to the mouth and throat becoming dry with blocking of nose and patient having to breathe through mouth.

Treatment of nasal polypi.

Patient is well on side after operation. No head pillow for first few hours, but a mackintosh and stone cloth. Continual discharge at first from nose; this ceases within twenty-four hours. Nasal douche of collunarum alkalinum three to four times a day is given. Patient is up and about next day. Ordinary diet.

Tonsillectomy.

Position in bed after operation is most important. Bed is prepared for ordinary operation case, except for the head; no pillow is used; in its place a mackintosh and towel. Patient is placed well on side with pillow tucked into back, hot bottle to feet, blanket next patient, and the sheet and quilt tucked well in all round. A straightforward tonsil case is then left with a tin bowl under chin,and attended to when vomiting is present. This may occur frequently, or only once or twice within the next twelve or twenty-four hours. Usually a certain amount of dark blood is seen, but this gives no cause for anxiety. Fluids are not taken until patient has quite stopped vomiting, but mouth-washes are given frequently. First fluids taken are small amount of cold water, then weak warm tea, essence milk, jelly and custard—this for first twelve hours; then semi-solids, such as pounded fish, bread-and-milk, chicken etc. On no account give toast or bread and butter with crust on for at least ten days after operation. Patient is up and about within three or four days of operation.

For frequent vomiting

Inject nepenthe or morphine, the amount being according to age; warm bicarbonate of soda half to pint. Grapes sometimes help to stop vomiting. Ice to suck is not satisfactory.

Mouth-washes.

Listerine, potassium permanganate, etc., for first twenty-four hours as a mouth-wash only, then gargling frequently before and after food.

Aperients.

Calomel according to age on the morning after operation, followed by haustus menthæ sulphuricus cum magnesii sulphate. Do not irrigate cavity or remove sloughs: these separate any time after fourth day.

Hæmorrhage after tonsillectomy.

Indications: Pallor, quick pulse, restlessness and the vomiting of bright red blood. When this has been diagnosed see that the patient is placed well on his side. If the blood does not cease in a few minutes, or recurs, the throat should be examined under a good light, well sponged, to see exactly where the bleeding is coming from. If the vessel can be seen and the patient will tolerate it without an anæsthetic, a long-handled pair of pressure-forceps is clamped on to the vessel. This may be left on for a few moments, but it is much more satisfactory to pass a ligature. Another method is to pack the cavity with strip of gauze and draw the edges of pillars together with two Michael's clips or suture pillars across. The stitch may be left for twenty-four hours and then removed. Before this treatment it is wise to get your patient quiet, so give injection of morphine or nepenthe.

After-treatment

Frequent mouth-washes for first twenty-four hours, then gargling. Fluids only for first forty-eight hours, then on to semi-solids and ordinary food about end of first week. If patient is fairly collapsed after a big hæmorrhage, give plenty of fluids—any amount of water. Salines are not frequently needed. These patients should be kept in bed a few days longer than the ordinary straight-forward tonsil case.

FOR STUDENTS BY STUDENTS.

By VARIOUS AUTHORS.

KEENNESS in a student, like a low voice in a woman, is an excellent thing; but to create an impression of keenness is almost as useful as this and considerably easier; your colleagues will not be deceived, but your Chiefs may be.

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Do not be appalled when you read through the Regulations for your Course of Study. It is almost certain, unlikely as it may seem to your relations, that bigger fools than you have reached Harley Street.

. . . . . .

If you come to the Hospital straight from school, with its athletic autocracy, remember that the Lord delighteth not in the legs of a man.

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Cultivate your slightest talent; many a mediocre medical man has reached a proud eminence with nothing more remarkable than a gift of epigrammatic expression to help him.

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It has been said, though not in official circles, that there are three ways, and three only, of obtaining a house appointment. They are given to men of real merit, to distinguished sportsmen, and to those who have insinuated themselves into the graces of their chiefs. As it is essential to the success of your career that you should have a house job, make up your mind to be in one of these three classes.

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Flee pomposity as you would the *Spirochæta pallida;* it is the besetting sin of medical men—as of parsons. You will see many excellent examples of it around you, so that you may learn to recognise and avoid it.

. . . . . .

Essentially, the surgeon is a dogmatist and the physician a sceptic; but every student must assume dogmatism if he is to pass the Conjoint Examinations; do not forget, however, that a reasoned scepticism is the most valuable attitude of mind that results from a medical training.

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Do not sit on the beds or look over screens; if a certain lady in a certain ward sees you doing either of these things you will feel inclined to pray that this may be your last act on earth—an unbecoming prayer from a young man at the outset of his career.

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(1) Dogmatism is good for the beginner. Accept—or try to accept—implicitly all you are taught in your first six months. Believe your physician—except when he speaks of politics or surgeons; your surgeon—except when he speaks of other surgeons. Some day you may become a urinologist and allow yourself more latitude.

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(2) Precision and accuracy are not synonyms. Three-eighths of an inch wasting is precise. Query slight wasting may be more accurate. Uncertainty is not *always* an indication of muddled thought. Nevertheless, beware of "slight fluctuations" on Saturday mornings.

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(3) Do not cultivate a reputation for doctoring your friends immediately you have entered the wards. If you do your reputation on qualifying will be lowered, though that of the hospital may receive but a temporary set-back.

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From the *Academy*: "The ordinary practitioner, when you get him away from the epigastrium and the opsonic index, has nothing to talk about."

Take heed therefore and don't talk shop at meals.

. . . . . .

When chemistry, physics and biology are absorbing all your working hours you may be apt to forget that you are really on the road which leads to a medical degree.

Correct your point of view by paying a visit to the gallery of Theatre A, or to the post-mortem room. But don't go to the post-mortem room before 1.45. There are other men for whom such visits are a necessity and not a luxury. Don't compel them to peer over your shoulders.

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TRADITION AND THE PRESENT.

ONE frequently hears the assertion that the medical student of to-day is not by any means what he was. While it is true that we may well congratulate ourselves on this "metamorphosis," it is nevertheless a fact, only too apparent to those who observe, that there is something lacking in the life of the modern student of medicine. In the old days he was regarded with some awe and respect by the general public, and, perhaps, even the to arm of the law, he was essentially a force to be reckoned with seriously. No one wishes to return to the days when the behaviour of London students was little short of hooliganism. Public property, and in many cases the individual, has to be protected from anything which so exceeds the bounds of propriety as to become really dangerous. Civilisation has progressed a little, in spite of the war. To-day, however, the situation is little short of ridiculous. Stagnation seems to have crept into our lives. We make no attempt to assert that superiority which has been handed down to us by those who fought for it and kept it in the past. Outside our work we are nonentities; the public merely smile, where once they talked with some amount of diffidence. What is the reason? What are the circumstances, existing in every hospital in London, which have brought about this condition? The state of affairs is not by any means localised. A student often complains that the *esprit de corps* of his own hospital is at fault. He may be right, but he should remember that the statement applies equally well to a large number of other institutions, whose internal economy is conducted on very similar lines. The cause may almost certainly be summed up in the one word—Apathy. For no apparent reason we have all settled into a groove, probably ready to come out again if only somebody else would make a start.

It is here that a very difficult and important question arises, and one which should be of supreme interest to every student in this Hospital. If there is to be some attempt generally on the part of London students to wake up a little, and if, as is only natural, the lead is to come from this Hospital, are we liable to depart in any way from those traditions and principles which have been passed on to us from generations before, and which we honour and endeavour to observe? It is, probably, the answer to this question, which will decide the future course of events. It is a question which must inevitably give rise to a large variation of opinion, and is obviously one which can only be answered on general lines.

The observance of tradition is one of the finest factors in the life of an institution, provided that it is justified by results which bring about a condition of affairs better than they would otherwise have been. Unless this is so, it cannot be contended that the blind following of tradition is a thing to be upheld. When we apply this fact to the consideration of certain behaviour, common to other hospitals, but from which, mainly for reasons of tradition, we ourselves withhold, we are tempted to wonder whether, in the long run, we are not really making things much more unpleasant for ourselves. Until we can clearly decide what our policy should be in simple cases, for instance, of inter-hospital "ragging," it is quite impossible for us honestly to consider any other and more general policy. The fact that our policy on this particular question is undecided is quite apparent from our behaviour at any inter-hospital contest, and particularly at the Rugby Cup Finals. A quarter of our students accept the various challenges from our opponents and fight it out. The rest remain seated on wooden benches and tradition, and refuse to do anything. This is but an example of the sort of thing that ought never to happen again. Whatever we do in the future must be done by *everybody*; and what we do is definitely a matter which the student himself must decide. While keeping in mind the general sentiment of tradition, he should also remember that one must move with the times, and whatever he decides, that must he have the courage to apply in practice.

Even within the last few years opinion and feeling has, in this Hospital, undergone a considerable change. The most conservative of us are becoming more modern in our line of thought. We are not lacking in *esprit*, we have youth and energy waiting to be served, we have our

organisation always ready to carry out to the best advantage the wishes of the majority—but at present we are undecided. We must make up our minds. If we find it necessary to depart to some extent from those unwritten laws which we have been taught carefully to observe since we first came, we need not really have very much regret. We are out to serve the Hospital. If, in the rush of modern life and the rapid changing of conditions, we can best serve her by adopting modern methods, we ought gladly to seize the opportunity.

Those who feel strongly should act at once. They should endeavour to find out what the general opinion is, and to see that it is expressed in the right way. They should help to stir up the lethargic attitude of a large number of their colleagues, and get a little life into what threatens to become a dead concern. They need not be afraid that any attempt of a fanatical minority to foist their views on the entire community will in any way succeed. A general feeling must exist, and to get a body of people to express what they feel is not sowing the seeds of revolution, but is the aim of any properly constituted Government.

If, as one strongly suspects, opinion is in favour of advance, then, under proper direction and with good organisation, there are no limits to the successes we may gain. Very quickly the influence of our activities will spread; we shall join with others in more concerted and united action; and the result, inevitably, will be what we have all, consciously or subconsciously, been wanting for many years—a brighter London.

These words should primarily concern those of the earlier years in the Hospital, into whose hands the management of affairs will sooner or later pass.

They must see, now, that no false step is taken, and that in whatever direction it is decided future events shall move, their work is done well and truly.

In shaping out the future, they should also realise that the Hospital's greatness is based, to a large extent, on her past. The ideas of the past may have to give way to those of the present, but our actions must only be such that, on looking back, we cannot say that we have in any way sullied the fair name of our *Alma Mater*. If we make certain that what we do is done in the right way, we need have no fear of this. And the right way is, surely, the *thorough* way—"Whatsoever thy hand findeth to do, do it with thy might." W. H.

FROM MY NOTE-BOOK.

SHINGLES is liable to be a most interesting business in general practice, so often is it the "dark horse" of diagnosis, and so resistant to one's efforts to cure. From the etymology of the name—for cingulum is a girdle—it might be supposed the early nomenclature-people must have seen more bilateral cases than we do. I have met with it encircling but once, and that case was not fatal. I have seen second attacks apart from the recurrent shingles, such as herpes preputialis, and a form of facial, not labial herpes, occurring in dysmenorrhœa.

Its etymology is interesting. Of the three classic girdles, the topmost was the cingulum, the matron's girdle (children-to-be were said "to lie beneath the girdle"; the lowest, lying obliquely along the inguinal regions, was the zona (Greek, *zoster*), the virgin' sgirdle, likewise made of wool (*zonem solvere* was the bridegroom's privilege); and the girdle or cestus of Venus was between. This was bejewelled, and spoke of the passions, joys, and sorrows of love.

We see these various girdles in the belts of modern frocks and we muse thereon. Such tit-bits of knowledge, little memories of our classics, may also be not without some practical value. I have frequently cheered up an old scholar thus. I remember he said he could bear his pain better after looking up the quantity of the *i* in angina, and he had to look up the Arnolds of Rugby; and an apt quotation turns the tide of passion to a hunt for its source. I remember a case of angina pectoris whose presumed attack resisted all efforts to relieve till the tell-tale spots showed he had left-sided shingles. I never hesitate, in cases of obscure pain, to suggest herpes. There may be a delay of ten days in the appearance of spots, and it is conceivable the pain may be present without those clustered vesicles. Most of us have been "let in" by wrong diagnoses of appendix, pleurisy, neuritis, neuralgia, glaucoma, erysipelas (an old name for shingles is *ignis sacer*, and a name for erysipelas is St. Anthony's fire), neuritis, not herpetic neuritis, rheumatism—subsequently to be cleared up by the comparatively welcomed spots. But they are by no means always welcome. Many an elderly man dates his decline from an attack of shingles. After 50 no man knows when the pain will go, many physicians are consulted and much worry ensues, much loss of temper and confidence.

The latest treatment seems the application of picric acid, 5 per cent. as ointment or solution, and a neighbour tells me he gets good results from pituitrin injected. It is generally best to do something locally. Painting

with collodion is a mistake—it sticks, and is a special nuisance in cases of pustulation. I like best a cream of menthol, zinc, bismuth, zinc and vaseline, which can be frequently applied, and later on antiphlogistine is very useful if its pressure can be borne. If it cannot, a solution of menthol in camphorated oil is good. Internally a cachet of pyramidon, aspirin and caffeine every 4 hours is most valuable in the earlier stages, and later quinine and arsenic with alcohol. Rest is essential, and I never grumble at my panel patients for asking a certificate to knock off work. We must try to believe in our remedies; we unconsciously produce an atmosphere of hope, whilst all around appear distressing signs of endless remedies! Quinine and cocaine ionisation are often useful apparently apart from faith.

I have often seen the curious association with varicella, and on the whole think it is coincidental. Still, it is tempting, when one comes across varicella supervening on shingles, to think the former is a diffused form of the latter. There is no doubt of shingles outbreaks, no doubt of the outbreaks of both being often synchronous, and no doubt of the rarity of second attacks of both. During the prevalence of cerebro-spinal fever in the Great War I came across several cases of preceding shingles in the same house. We know the disease in all ages, along the course of almost any nerve, on some mucous membranes, especially palatal, on any sex, on rich and poor. Finally, words of warning: when confronted with herpes ophthalmicus, carefully examine the cornea; call in an oculist very early indeed, and on *him* let there fall the blame of the inevitable nebula or worse, and do not be misguided too easily into a diagnosis of erysipelas because of the fever. I have known a rise of temperature in shingles of quite the ordinary variety. The older people thought it a good sign—perhaps because the patient was ill enough to go to bed.

W. H. M.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

At the commencement of a season the majority of enthusiasts are fond of the prophet's mantle. In accordance with custom we will boldly venture—after the fashion of ye ancient Delphic oracle—to predict a very fine season.

The *personnel* of last year's team is intact. This gained experience, the addition of fresh talent and the possible improvement of the reserves, should prove a great asset in view of the forthcoming stiff programme. An interesting criticism of Bart.'s rugger—ancient and modern—appears in the second issue of the new weekly Rugby periodical.

The following are the Club's officers for the season:

President: Dr. J. H. Drysdale.

Vice-Presidents: Mr. W. Girling Ball, Mr. T. H. Just, Mr. Reginald M. Vick, Mr. H. E. G. Boyle.

Captain: G. W. C. Parker.
Vice-Captain: A. Carnegie-Brown.
Hon. Secretary: P. O. Davies.
Hon. Treasurer: J. L. T. Davies.
Captain, 2nd XV: H. Royle.
Hon. Secretary, 2nd XV: J. D. Allen.
Hon. Secretary, 3rd XV: R. R. Fells.
Additional Selection Committee: A. W. L. Row, Wilfrid F. Gaisford.

First Fifteen Fixture Card.

Date: 1923.	Opponents.	Ground.
Oct. 6	Old Millhillians	Away.
,, 13	Richmond	Away.
,, 20	London Irish	Home.
,, 24	Cambridge	Home.
,, 27	R.M.A. Woolwich	Away.
,, 31	Cardiff	Away.
Nov. 3	R.M.C., Sandhurst	Home.
,, 10	H.A.C.	Away.
,, 17	Bristol	Away.
,, 24	Moseley	Home.
Dec. 1	(Open.)	
,, 5	Old Boys' R.F.U.	Home.
,, 8	Old Paulines	Home.
,, 15	(Open.)	
1924.		
Jan. 5	Harlequins	Home.
,, 12	Old Blues	Away.
,, 19	Coventry	Away.
,, 23	Oxford	Away.
,, 26	Devonport	Away.
Feb 2	London Welsh	Home.
,, 9	Pontypool	Home.
,, 16	O.M.T's.	Away.
,, 23	Rugby	Home.
Mar. 1	Coventry	Home.
,, 8	Bath	Away.
,, 15	London Scottish	Away.
,, 22	Gloucester	Away.
,, 29	Plymouth Albion	Away.

Draw for the Hospital Cup.

1st round.	2nd round.		Semi-final.	Final.
	*1. King's	Tuesday, Feb. 12th	Thurs., Feb. 28th	Wed., March 12th
	*2. Mary's			
4. Charing Cross	*3. London	Tuesday, Feb. 19th		
5. St. George's	Tuesday, Feb. 5th			
6. *St. Bart.'s*	Thursday, Jan. 31st	Thursday, Feb. 14th	Tues., Feb. 26th	
7. St. Thomas's	*8. Middlesex			
	*9. Guy's	Thursday, Feb. 7th		
	*10. U.C.H.			

* Byes.

The following, including reserves, represented the Hospital last season, and are again available:

Full back: Wilfrid F. Gaisford.

Three-quarters: M. G. Thomas, P. O. Davies, H. McGregor, L. C. Neville, P. R. Viviers.

Halves: J. D. Games, T. P. Williams, H. B. Savage, M. Fitzgerald.

Forwards: G. W. C. Parker (*Capt.*), A. Carnegie-Brown, A. E. Beith, A. B. Cooper, H. G. Anderson, E. S. Vergette, T. J. Pittard, A. W. L. Row, G. Dietrich, J. W. D. Buttery, M. L. Maley, W. S. Morgan.

ASSOCIATION FOOTBALL CLUB.

The Association Football Club commenced its 1st XI matches on Saturday, September 22nd, with a home fixture against Snaresbrook. The other teams commence their season at the beginning of October.

All the teams have strong fixture lists, especially the 1st XI, which meets several clubs we have not played before.

Whilst being fortunate in still having the services of most of last year's players the Club is looking forward to finding a number of recruits amongst the Freshmen. Any new players are requested either to add their names to the list on the Soccer notice-board or to introduce themselves to one of the Club secretaries.

ALEX. E. ROSS,
Hon. Sec. A.F.C.

HOCKEY CLUB.

IT is much hoped that this season will see the prestige of the Hospital in hockey still further raised.

The fixtures have been arranged with this in view, and there should be no difficulty in attaining it if we exert our full strength, as a hospital, and individually.

As a new departure some dozen fixtures have been made for a 3rd XI; and there will be practice games on Wednesdays if enough wish to play.

Will any who want to play hockey and have not yet put their names on the list on the notice-board kindly do so as soon as possible? The Captain, T. S. Goodwin, and Secretary, J. E. Church, will be glad if all newcomers who have previously played for any teams, or students who have played for clubs outside the Hospital, will speak to one of them.

CORRESPONDENCE.

"SMITHFIELD" WARD.

To the Editor of the 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—As one of the oldest students of Bart.'s I wish to protest against the alteration of the name of "John" Ward to that of "Smithfield."

Believe me,
Yours faithfully,
WILLIAM ODELL.

FERNDALE,
TORQUAY;
September 5th, 1923.

TO CAMBRIDGE MEN IN LONDON.

To the Editor of the 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—May I be permitted through the medium of your columns to bring to the notice of the Cambridge men in your Hospital a rule of the Cambridge University Medical Society, which states that old Cambridge men may become Hon. Members of the Society on making application.

No subscription is required, but Hon. Members are asked to become subscribers to the magazine of the Society, which is published terminally, and will be forwarded post free for the coming academical year on receipt of 5*s*.

The magazine is a purely scientific journal, artistically produced, and containing articles by leading members of the medical profession, together with the news of the Cambridge Medical School.

It is hoped that the magazine, which has a circulation in Cambridge alone of over 500, will afford an excellent means of linking up old Cambridge men who have "gone down" with their *alma mater*.

Short articles, correspondence, etc., for publication will always be welcomed, and should be addressed to me as under.

Application for Hon. Membership of the Society together with subscriptions to the magazine should be forwarded in the first place to me at Downing College.

Yours faithfully,
E. S. FELLOWES-FARROW,
Editor.

DOWNING COLLEGE,
CAMBRIDGE.

THE BART.'S "*SURGERY*."

To the Editor of the 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—May I call your attention to the very inferior quality of the binding of the Bart.'s *Surgery*? My own copy has been in use for less than a year, and yet though it has never been used as a missile, the back is broken in several places and numerous leaves have left their moorings altogether. Others, I am told, have had a similar experience. I suggest that the publishers be asked to see that an improvement is effected even if the price has to be raised by a few shillings.

Yours truly,
G. L. A.

REVIEWS.

PRINCIPLES OF DIAGNOSIS AND TREATMENT IN HEART AFFECTIONS. By SIR JAMES MACKENZIE, F.R.S. (London: Henry Frowde & Hodder & Stoughton.) Second Edition. Pp. vii + 247. Price 7*s*. 6*d*. net.

The second edition of this book has been edited by Dr. James Orr. We have no hesitation in pronouncing it far better than the bulk of books on "hearts" of the same size. Sir James Mackenzie has a wealth of clinical experience to draw upon, which is of the utmost value to the practitioner and student; and combined with this long experience are an originality of outlook and refusal to be bound by old fetishes. There are very useful chapters—to mention but a few—on breathlessness, syncope, sense of exhaustion, heart attacks and prognosis. A chapter on acute affections of the heart resembles a mixed grill—rheumatic hearts, "septic endocarditis," and the irritable heart of soldiers are included. The author talks somewhat disparagingly of blood-pressure measurements, and still more so of those who draw deductions from them. Many recent advances in cardiology are incorporated: so we read in the preface, and we find brief mention of quinidine and other matters, though rapid digitalisation is not referred to. The term "gunshot prescription," which occurs on p. 196, sounds to us more terrifying and fatal than the familiar expression "shotgun." There is an appendix on medical research devoted to an exposition of Sir James's well-known views on the beginnings of disease, and the place of the "G.P." in the advancement of medicine.

A MANUAL OF HISTOLOGY. By V. H. MOTTRAM, M.A., Professor of Physiology in the University of London, King's College for Women. (Methuen & Co., Ltd., 1923.) Pp. 293. With 224 figures. Price 14*s*. net.

At a time when the teaching of histology in physiological laboratories has reached a low ebb, it is encouraging to see such a sign of improvement in the state of affairs as this publication indicates. It is evidently the product of extensive teaching experience, and from this point of view the arrangement of the matter could not be improved upon. The chief attraction of the book is the excellent figures with which it is illustrated: there is no confusing admixture of line drawings, half-tones and photomicrographs, but all the drawings are in line, just as a student with the necessary artistic gift would draw them. That the author himself has this gift is proved by the ease with which one can identify any of the preparations illustrated by merely glancing at his figure. The text is written in an original and interesting style, and all superfluous detail is omitted. As the author truly remarks, text-books "have a habit of diverging towards the new, or the exciting, or the difficult, and leave the commonplace and ordinary on one side. But it is the ordinary and commonplace which are essential to the student." We congratulate the author most heartily on having given us a book which we really wanted.

THE SURGICAL DYSPEPSIAS. By A. J. WALTON, M.S., M.B., B.Sc. (Lond.), F.R.C.S.(Eng.). (London: Edward Arnold & Co.) Pp. 728 + x. Illustrated. Price 42*s*.

The title of this book will be a challenge to the curious, and if, as a consequence, it succeeds in attracting the attention of men somewhat surfeited with works on abdominal surgery it will have its justification; for the book is very well worth reading.

The writer commences with a chapter on the surgical anatomy of the stomach, and then proceeds to a most careful description of the examination of a case of dyspepsia. A carefully detailed history taken by the surgeon himself is, in the writer's opinion, of more value as a method of investigation than physical examination, test-

meal or X-rays. Mr. Walton points out that the acidity of the gastric content is not diminished in chronic gastric ulcer, and that early carcinoma may give a normal or increased acidity. We think that the value of a fractional meal is not sufficiently emphasised.

The writer proceeds to give a very full account of gastric lesions in all their aspects. His treatment is, on the whole, orthodox. It is a pity that in a work of this size and scope it was not possible to give a more exact technical description of the operations advised.

The latter part of the book includes a very full account of the surgery of the gall-bladder and bile-passages, and of the pancreas. Here the operative technique is much more detailed. Cholecystectomy is advised in preference to cholescytostomy, and cholecystenterostomy rather than an anastomosis of gall-bladder to stomach or duodenum. The scope and thoroughness of the book may be gathered from the fact that the chapter on the ætiology and pathology of gall-stones occupies 44 pages, and the references at the end of this chapter alone are 105. A chapter on visceroptosis and appendix dyspepsia—the latter accorded a comparatively small space—finishes the volume.

We have nothing but praise for this most valuable and elaborate book. It is well written and well produced. The number of references is really prodigious. The illustrations are numerous, adequate, but somewhat crude.

A MANUAL OF SURGICAL ANATOMY. By LEWIS BEESLEY, F.R.C.S. (Edin.), and T. B. JOHNSTON, M.B., Ch.B. (London: Henry Frowde & Hodder & Stoughton.) Second Edition. Illustrated. Pp. 561. Price 18*s.* net.

This book is now in its second edition. On publication it immediately received a well-deserved popularity. It is produced in the manner made well known by the smaller "Cunningham," and will seem familiar to men who have learnt their anatomy from this well-known manual. In the present edition considerable improvements have been made in the sections on the nervous system. The drawings and descriptions of joints merit special praise where all is good.

THE HYGIENE OF MARRIAGE. By ISABEL EMSLIE HUTTON, M.D. (London: William Heinemann (Medical Books), Ltd.) Pp. 112. Price 6*s.*

This book, with an introduction by Prof. A. Louise McIlroy, is the best of its sort we know. It is safe, sane, and reasonably complete.

CHRONOLOGIA MEDICA: A HAND-LIST OF PERSONS, PERIODS AND EVENTS IN THE HISTORY OF MEDICINE. By Sir D'ARCY POWER, K.B.E., M.B.(Oxon.), F.R.C.S.(Eng.), and C. J. S. THOMPSON, M.B.E. (London: John Bale, Sons & Danielsson, Ltd.) Illustrated. Pp. 278 + iv. Price 10*s.* 6*d.* net.

This delightful little book should be on the shelves of all. The writers have adopted the chronological plan, beginning with "ca. 5000 B.C.—Ea or Oannes, 'He who knows all things,' 'The Lord of Deep Wisdom,' The earliest known deity associated with healing . . . He is represented as a man with the head of a fish or clothed in a fish skin" and ending "1905—Schaudinn discovers the parasite of syphilis."

And between 5000 B.C. and 1905 A.D. we are told the essential facts about the great men and events in medicine. Rahere is mentioned under the date of the foundation of the Hospital. The author of the Third Gospel and of the "Acts" (ὁ ἰατρὸς ὁ ἀγαπητός) might find a place in the chronology. There is a valuable chronology of drugs and universities. Thank you, Sir D'Arcy and Mr. Thompson.

DISEASES OF THE SKIN: A MANUAL FOR STUDENTS AND PRACTITIONERS. By ROBERT W. MACKENNA, M.A., M.D., B.Ch. Royal 8vo. Pp. x+460. 160 figures. (London: Baillière, Tindall & Cox.) Price 21*s.* net.

In this new manual of skin-diseases the author has succeeded well in the aim set out in his preface; he has concisely given the important facts concerning diagnosis and treatment, and has not allotted too much space to the rarer diseases. While in a work on diseases of the skin the absence of coloured pictures is always to be regretted, the numerous uncoloured photographs which illustrate the text strike us as being mostly very successful and likely to be a great help in diagnosis. It is perhaps inevitable that in those diseases whose ætiology is obscure (and their name is legion), we are regularly advised to seek for a hidden septic focus and to try polyglandular extracts. There is a misprint on p. 189.

TENTH DECENNIAL CLUB.

The Second Annual Dinner of the Tenth Decennial Contemporary Club will be held this year on November 9th, at the Langham Hotel. All men who entered the Hospital during the years 1905 to 1915, and subsequently qualified, are members of this Decennial Club.

Notices will shortly be sent out to all members. It is hoped that every available member will attend, and that this second Dinner will be as great a success as the Inaugural Dinner of the Club last year.

All inquiries about the Club should be addressed to one of the Secretaries, Dr. A. W. Stott or Mr. Reginald M. Vick.

SUBSCRIBERS TO BART.'S WAR MEMORIAL FUND.

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SUBSCRIBERS TO THE YEAR BOOK.

10s., Boyle, H. E. G.; **5s.**, Bennett, G. H.; **2s. 6d.**, Furber, E. P., Elmslie, R. C., Storer, R. V., Fowler, P. H. C., Moore, C. A., Gillespie, T., Patrick, N. C., Dru Drury, E. G.; **2s.**, Slot, G. M. J.; **1s.**, Pearse, J. Gerard, Bumsted, H. J., Browse, G. D., McCurrich, H. J., Boucaud, M. V., Maxwell, J. L., Evans, D. D., Gilmour, R. W., Cronk, H. G., Thomas, C. H., Smith, N. F., Colt, G. H., Dickins, S. J. O., Jay, M. B., Anderson, M. J. B., Neligan, A. R., Bennett, H. C., Mercer, W. B., Clapham, J. T., Robinson, G. S., Young, F. P., McCall, H. D., Joyce, H. C. C., Hine, T. G. M., Graham, C. H., Metivier, V. M., Brook, W. H. B.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

ADAMSON, H. G., M.D. "Case of Recurrent Cellulitis." *Proceedings Royal Society of Medicine*, June, 1923.

BALL, W. GIRLING, F.R.C.S. "Necrosis of Kidney following Ligature of Abnormal Renal Vessels." *Ibid.*, May, 1923.

—— "Specimen showing Transitional-Celled Growth of the Kidney." *Ibid.*, May, 1923.

—— "Absent Right Kidney: Deformity of Left Ureter." *Ibid.*, May, 1923.

BARRIS, J. D., F.R.C.S. "Two Specimens of Sarcoma of the Uterus." *Ibid.*, June, 1923.

BROWN, W. LANGDON, M.A., M.D., F.R.C.P. *The Sympathetic Nervous System in Disease.* 2nd Edition. London: Henry Frowde & Hodder & Stoughton.

—— "The Factors in Uræmia." *Clinical Journal*, August 15th, 1923.

CANTI, R. G., M.D. *Vide* Donaldson, Malcolm.

CHANDLER, F. G., M.A., M.D., M.R.C.P. "Artificial Pneumothorax." *Practitioner*, September, 1923.
CLARK, A. J., M.C., M.D., F.R.C.P. "The Experimental Basis of Endocrine Therapy." *British Medical Journal*, July 14th, 1923.
CLARKE, ERNEST, M.D., F.R.C.S., "'Tips' in Ophthalmology for the General Practitioner." *Clinical Journal*, July 25th, 1923.
CUMBERBATCH, E. P., B.M., B.Ch., M.R.C.P. "Opening Paper in Discussion on Medical Diathermy." *British Medical Journal*, August 25th, 1923.
—— and ROBINSON, C. A., M.B., B.Ch. "Treatmentof Gonococcal Infection by Diathermy." *Ibid.*, July 14th, 1923.
DALE, H. H., C.B.E., M.D., F.R.C.P., F.R.S. "The Oliver-Sharpey Lecture on the Activity of the Capillary Blood-Vessels, and its Relation to Certain Forms of Toxæmia." *British Medical Journal*, June 9th and 16th, 1923.
DAVIES, ARTHUR T., M.D., F.R.C.P. "A Note on Thomas Davies, Introducer of the Exploring Needle." *Proceedings Royal Society of Medicine*, June, 1923.
DAVIES, IVOR J., M.D., M.R.C.P. *Vide* Hartley, Sir Percival.
DAVIS, HALDIN, M.B. "Psoriasis of Anomalous Type." *Proceedings Royal Society of Medicine*, June, 1923.
DONALDSON, MALCOLM, F.R.C.S. (and CANTI, R. G., M.D.). "Observations on Fifty Cases of Carcinoma of the Cervix treated with Radium." *British Medical Journal*, July 7th, 1923.
DUNDAS-GRANT, Sir JAMES, K.B.E., M.D. "Case of Hoarseness due to Singer's Nodes." *Proceedings Royal Society of Medicine*, April, 1923.
—— "Case of Complete Nerve-Deafness due to Syphilis of Internal Ears; Caloric and Rotation Tests Negative, Galvanic Positive." *Ibid.*, April, 1923.
—— "Case of Vertigo, with Fixation of the Ossicles, cured by Ossiculectomy." *Ibid.*, April, 1923.
—— "Case of Vertigo (simulating 'Menière's Disease') with Anomalous Nystagmus Reactions." *Ibid.*, April, 1923.
—— "Case of Outgrowth from the Ventricle in a Subject of Pulmonary Tuberculosis." *Ibid.*, June, 1923.
ELMSLIE, R. C., F.R.C.S. "Case of Hæmophilic Arthritis of the Knee." *Proceedings Royal Society of Medicine*, May, 1923.
—— "Arthritis due to Dental Sepsis diagnosed and treated as Tuberculosis." *Ibid.*, May, 1923.
FISHER, A. G. TIMBRELL, M.C., F.R.C.S. "The Nature of the so-called Rheumatoid Arthritis and Osteo-Arthritis." *British Medical Journal*, July 21st, 1923.
—— "Some Researches into the Physiological Principles underlying the Treatment of Injuries and Diseases of the Articulations." *Lancet*, September 15th, 1923.
FORBES, J. GRAHAM, M.D., F.R.C.P., D.P.H. (and G. H. CULVERWELL, M.D., D.P.H. and J.G.F.). "The Toothbrush as a Carrier of Virulent Diphtheria Bacilli." *British Journal of Dental Diseases*, August 15th, 1923.
GARROD, Prof. Sir ARCHIBALD E., K.C.M.G., D.M., LL.D., F.R.S., F.R.C.P. *Inborn Errors of Metabolism*. 2nd Edition. London: Henry Frowde & Hodder & Stoughton.
GRIFFITH, H. K., F.R.C.S. *See* White-Cooper, W. R.
GRIPPER, WALTER, M.B. "A Case of Congenital Subluxation of Humeri." *Proceedings Royal Society of Medicine*, May, 1923.
HARTLEY, Sir PERCIVAL HORTON-SMITH, C.V.O., M.D., F.R.C.P. (and DAVIES, IVOR J., M.D., M.R.C.P.). "A Case of Pituitous Catarrh." *British Medical Journal*, June 23rd, 1923.
HEWER, C. I., M.B. "The Effects of Vagal Trauma on the Anæsthetised Patient." *Proceedings Royal Society of Medicine*, June, 1923.
HINE, T. G. M., O.B.E., M.A., M.D. "Auto-Dissociation of Agglutinin-Antigen Complex." *British Journal of Experimental Pathology*, August, 1923.
HORDER, Sir THOMAS, Bart., M.D. "Three Cases of Rheumatoid Arthritis." *Clinical Journal*, July 11th, 1923.
—— "Introductory Remarks in Discussion on Diabetes and Insulin." *British Medical Journal*, September 15th, 1923.
HOWELL, C. M. HINDS, M.D. "Case of Syringomyelia with much Sensory and Motor Impairment and little Wasting." *Proceedings Royal Society of Medicine*, April, 1923.
—— "Case for Diagnosis." *Ibid.*, April, 1923.

EXAMINATIONS, ETC.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following candidates were successful at the examination recently held for the Diplomas of F.R.C.S.E :

Denham-White, A., Harvey, F.

CHANGES OF ADDRESS.

ANDREWES, C. H., The Rockefeller Institute, 66th Street and Avenue A., New York City, U.S.A.
BAKER, H. S., 142, Camden Road, N.W. 1. (Tel. North 3657.)
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HIND, HENRY, Rooker's Close, Sharrow, Ripon. (Tel. Ripon 30.)
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SCOTT, R. S., 39, Devonshire Place, W. 1. (Tel. Paddington 5244.)
SQUARE, W. RUSSELL, Banting, Kuala Langat, Selangor, Federated Malay States.
VICK, REGINALD M., 152, Harley Street, W. 1. (Tel. Langham 1268) and (Office only) The Warden's House, St. Bartholomew's Hospital.
WITHERS, F. E., Casa Drago, Corso Garibaldi, Diana Marina, Italy.

APPOINTMENTS.

SAUNDERS, W. E. ROPER, M.R.C.S., L.R.C.P., D.P.H., appointed Medical Officer of Health for Urban District of Ashby-de-la-Zouch.

BIRTHS.

BREWERTON.—On September 23rd, at 73, Harley Street, W. 1, the wife of Elmore Brewerton, F.R.C.S., of a daughter.
HEYWOOD-WADDINGTON.—On July 26th, at Beach House Nursing Home, Littlehampton, to Madeline, wife of W. B. Heywood-Waddington, M.B., Arundel—a son.
MCCALL.—On August 21st, at West Lodge, Leominster, the wife of H. Dundas McCall, M.R.C.S., L.R.C.P., of a daughter.

MARRIAGES.

CHADWICK—BUTT.—On September 14th, at St. Peter's Church, Petersham, Surrey, Norman Ellis, son of Mr. and Mrs. Ellis Chadwick, of Parkstone, Dorset, to Constance Morton, daughter of Mr. and Mrs. Morton Butt, of Richmond, Surrey.
GELDART—DIXON.—On August 14th, at Holy Trinity, Loddon, Norfolk, Richard Morton Geldart, M.A.(Camb.), M.R.C.S., L.R.C.P., of Worthing, Sussex, to Margaret Lucy, youngest daughter of Rev. and Mrs. Dixon, of Loddon Vicarage, Norfolk.
HAIGH—KRUGER.—On September 8th, at Geneva, William E. Haigh, F.R.C.S., D.T.M., Epidemic Commission, Health Section, League of Nations, to Catherine Marguerite, daughter of the late Pastor Frederic H. Kruger, Société des Missions Evangéliques, Paris, and of Madame Kruger, 22, Schertlinggasse, Basle.

DEATH.

INNES.—On March 13th, 1923, C. B. Innes, of Wanganui, New Zealand, aged 62 years.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, Smithfield, E.C.*

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